



# 2019 SCHOLARSHIP GUIDELINES

## ADULTS GOING BACK TO SCHOOL

---

### ***Introduction***

The Polk County Community Foundation awards scholarships from three funds for adults going back to school. This application is all you need to complete in order to apply for all Foundation awards for adults going back to school. A separate scholarship application is available for graduating high school seniors. Please refer to the Kirby Handbook of Polk County Area Scholarships, which lists all Foundation scholarships as well as scholarships offered by other local organizations and is updated annually.

### ***Who is eligible?***

- Adults going back to school are eligible to receive scholarships to help with the cost of tuition.
- Students must be residents of Polk County, N.C. or Landrum, S.C. (29356 zip code). All awards for adults going back to school require that students have resided here for at least the past two years and have actively participated in the life of the community.
- All awards for adults going back to school require submission of Free Application for Federal Student Aid (FAFSA) information.

### ***What types of educational opportunities are funded for adults going back to school?***

Adults going back to school may apply for any type of accredited schooling, including graduate school. Adult students may apply for additional scholarships in future years until their back to school education is complete.

### ***Value of Awards:***

All Foundation awards are a minimum of \$1,000. Approximately \$8,000 in scholarships is normally available for all adult awards.

### ***Application Deadline:***

- Please see the Dates and Dollars sheet available online and in our offices.

### ***Caution:***

We have provided a checklist to help you turn in a complete application by the firm deadline. The first step to receiving an award is following all directions carefully. Regrettably, each year several applications are not considered on their merits because of simple errors or omissions that could have been corrected with a careful review. Please note the opportunity to have your application reviewed and certified as complete and on time by our Director of Grants.

### ***Typed vs. Handwritten Applications:***

We offer the option of completing parts of the application using a computer (see below). Applications handwritten neatly with black ink are equally acceptable.

***Applications Online:***

An electronic version of this application is available for download on our website, [www.polkccf.org](http://www.polkccf.org). The application is a .pdf file that may be saved and edited on your computer. Save the blank application file to your computer before you begin working on it. You may type answers into most sections of the application and edit your saved responses on your computer at any time.

\*Although you may fill out portions of the application electronically, you must submit a paper copy of your application to the Foundation. It is not possible to complete and submit the application online.\*

Please note that you will need to complete some sections of the application separately, such as the Essay and Letter of Recommendation. Signatures must be handwritten. Print out your completed application, attach all other required materials and submit your application in one complete package before the deadline.

***Additional Application Hints and Requirements:***

Please refer to the signature page.

***Questions?***

For additional information or help with your unique situation, please contact the Community Foundation at 255 South Trade Street, Tryon, NC, 828-859-5314, extension 226, or by emailing our Director of Grants, Noah Wood at [grants@polkccf.org](mailto:grants@polkccf.org). Office hours are 9:00-4:00, Monday-Thursday and 9:00-12:00 on Fridays. This application is available electronically on the applications page of our website: [www.polkccf.org](http://www.polkccf.org)

---

## CHECKLIST

---

Use this checklist as an aid to make sure your application complies with all requirements so you are eligible for an award.

### I. Required for All Applicants

- \_\_\_\_\_ Submit all application materials together in one **complete packet**. No presentation binders please.
  
- \_\_\_\_\_ Deliver your application to the Community Foundation's office by **11:59 pm** on the date of the deadline. Postmarks will not be accepted as proof of meeting our deadline requirements. Applications will not be accepted by email or fax. If you would like to submit your application early, outside of our normal business hours, we have a drop slot in our front door for your convenience.
  
- \_\_\_\_\_ Answer **all required questions** and sign and date the application. Questions that are left blank will result in your application being judged incomplete.
  
- \_\_\_\_\_ **Essay.** Stating your name and the required essay topic on the first page of the essay is required. *See example on essay page.*
  
- \_\_\_\_\_ All required **transcripts**. See transcript guidelines.
  
- \_\_\_\_\_ **One Letter of Recommendation**, in a sealed envelope with the evaluator's signature across the seal.
  
- \_\_\_\_\_ **Free Application for Federal Student Aid (FAFSA) form.** See Financial Information section of application for more information.

---

## TRANSCRIPTS

---

***All transcripts must be official copies certified by the school and enclosed in a sealed envelope from the school.***

Adults who have not attended school for more than five years are not required to submit transcripts. If you are continuing your back to school education, you must submit all transcripts for credits earned in the past two years.

---

## FINANCIAL INFORMATION

---

**All financial information is separated from the general application and is reviewed only by the staff of the Community Foundation. Only our determination of your eligibility for need-based awards is released to the scholarship committee members. We do not use the same formulas used by the federal government to determine need, so our methods allow many more families to qualify for need-based awards.**

- All of our awards for adults returning to school are need-based and require submission of financial information.
- Adults going back to school are required to submit FAFSA information. Please black out your social security number. You may submit your FAFSA confirmation webpage or email showing the Expected Family Contribution (EFC) instead of the entire FAFSA form. Please note that the confirmation page is displayed only when you submit your FAFSA to a school and should include your name as generated by the website.

---

## NOTIFICATION AND PAYMENT OF THE AWARD

---

You will be notified in writing of the scholarship decision. If you receive an award, your letter and your Payment Information Form will give you the details about your scholarship.

The Foundation mails payments directly to your school for tuition and fees only. You may ask to have the award applied to tuition for your first or second semester or split. We encourage you to work with your school's financial aid office to time the award in a way that maximizes the benefit to you.

Please refer to the Foundation's Dates & Dollars sheet available online and in our offices regarding application deadlines and when scholarship decision information will be available.

If you have not received a letter regarding the status of your application by April, you may contact us for more information.



# 2019 SCHOLARSHIP APPLICATION

## ADULTS GOING BACK TO SCHOOL

*Please refer to the guidelines and checklist attached to this application.*

*Typing into the electronic form available online or handwriting in black ink copy is best for our review.  
Incomplete applications will not be considered. Every question must be answered!*

Name \_\_\_\_\_  
Last First Middle (Preferred)

Permanent Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I am a resident of the town/city/community of \_\_\_\_\_ (Town)  
in \_\_\_\_\_ County (example: Polk) and have been since the year \_\_\_\_\_.  
*Note: Proof of Polk County, N.C. or Landrum, S.C. residency may be required.*

**SIGNATURE & RELEASES:**

**I certify that all the information in this application is true and complete to the best of my knowledge and that the essay is my own work. Signing below indicates that I have read and understand the following:**

*General Application Requirements:* Answer every question, leaving no blanks. Incomplete, incorrectly formatted, late, electronically delivered or faxed applications shall not be considered for funding. All application materials must be submitted together in one package.

*Application Format:* Some sections of the application require you to fill in blanks by either completing the paper form or the electronic .pdf version available for download on our website. Responses may be saved on the electronic version and printed out to submit with additional materials required by the application. Re-creating forms by re-typing, copying and pasting, etc., causes formatting changes that alter the original application, and make applications more difficult to process; therefore, submitting re-created forms will automatically make your application incomplete.

*Application Review:* If you wish, you may schedule an appointment well in advance of the deadline with our Director of Grants. During your appointed time, you may ask the Director of Grants to certify that your application has been turned in on time and is complete. The Director of Grants does not have the authority to certify that incoming applications comply with all Foundation policies and IRS mandates. Because any error will prevent your application from being considered, we recommend that you take advantage of this opportunity to have your application reviewed.

Yes     No

If I receive a scholarship, I give my explicit written consent for the college I enroll in to share FAFSA information with the Polk County Community Foundation in order to maximize the benefit of my scholarship, in accordance with Foundation, school, and other policies.

*This helps the Foundation work with your school to determine the maximum amount of your award that can be used without negatively impacting your financial aid package.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Please submit applications to:**

**POLK COUNTY COMMUNITY FOUNDATION  
255 South Trade St.  
Tryon, NC 28782**

*If you would like to submit your application early, outside of our normal business hours, we have a drop slot in our entrance door available for your convenience.*

Name: \_\_\_\_\_  
 Last First Middle (Preferred Name)

**SCHOOL INFORMATION**

1. If you are currently enrolled in school, please indicate the name and location (city, state) of the educational institution.

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Year:  1<sup>st</sup>/Freshman  2<sup>nd</sup>/Sophomore  3<sup>rd</sup>/Junior  4<sup>th</sup>/Senior  Graduate School

2. Name of school you plan to attend next year: \_\_\_\_\_

3. What is your major or area of study? \_\_\_\_\_

Is this an undergraduate degree?  Yes  No

Type of graduate degree, if applicable: \_\_\_\_\_

4. How many years of education are required for your area of study? \_\_\_\_\_

5. How many years will you have completed by June of this year? \_\_\_\_\_

6. Expected educational expenses for your next full school year:  
 Information regarding school expenses may be found through the school's catalogue, web site or financial aid office. NOTE: Our awards cover tuition only. We understand tuition costs increase regularly. Please provide the most recent published tuition cost.

Please list the source you used to provide the below information: \_\_\_\_\_  
 (school website, tuition bill, etc.)

	Semester	# of classes	Credit Hours	Tuition	Books	Other Costs (please note)	Other Costs (please note)	Room (if living on campus)	Total Semester Cost
<i>Example</i>	Fall 2019	4	12	\$828	\$460	\$25 (Activity fee)	n/a	n/a	\$1,313

**Total amount for tuition:** \_\_\_\_\_ **(during the next full school year)**

**Do you qualify for a Pell Grant?**  Yes  No

Name: \_\_\_\_\_  
Last First Middle (Preferred Name)

**EDUCATIONAL HISTORY**

**High School or GED program:**

Name of High School: \_\_\_\_\_ Location: \_\_\_\_\_  
(city, state)  
Graduation Year: \_\_\_\_\_  
Year Earned GED: \_\_\_\_\_ Residence when acquired GED: \_\_\_\_\_  
(city, state)

**College/Higher Education Institution(s) Attended (*in order of attendance*):**

Name of Institution: \_\_\_\_\_ Location: \_\_\_\_\_  
Years Attended: \_\_\_\_\_  
Area(s) of Study: \_\_\_\_\_  
Degree Received (*if applicable*): \_\_\_\_\_ Year Received: \_\_\_\_\_

Name of Institution: \_\_\_\_\_ Location: \_\_\_\_\_  
Years Attended: \_\_\_\_\_  
Area(s) of Study: \_\_\_\_\_  
Degree Received (*if applicable*): \_\_\_\_\_ Year Received: \_\_\_\_\_

Name of Institution: \_\_\_\_\_ Location: \_\_\_\_\_  
Years Attended: \_\_\_\_\_  
Area(s) of Study: \_\_\_\_\_  
Degree Received (*if applicable*): \_\_\_\_\_ Year Received: \_\_\_\_\_

Name of Institution: \_\_\_\_\_ Location: \_\_\_\_\_  
Years Attended: \_\_\_\_\_  
Area(s) of Study: \_\_\_\_\_  
Degree Received (*if applicable*): \_\_\_\_\_ Year Received: \_\_\_\_\_



Name: _____			
Last	First	Middle	(Preferred Name)

---

**EMPLOYMENT HISTORY**

---

**Adult Work Experience:**

1. Name of employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Job responsibilities: \_\_\_\_\_  
Dates of employment: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
List any special recognitions: \_\_\_\_\_

2. Name of employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Job responsibilities: \_\_\_\_\_  
Dates of employment: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
List any special recognitions: \_\_\_\_\_

3. Name of employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Job responsibilities: \_\_\_\_\_  
Dates of employment: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
List any special recognitions: \_\_\_\_\_

4. Name of employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Job responsibilities: \_\_\_\_\_  
Dates of employment: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
List any special recognitions: \_\_\_\_\_

5. Name of employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Job responsibilities: \_\_\_\_\_  
Dates of employment: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
List any special recognitions: \_\_\_\_\_

Name: _____			
Last	First	Middle	(Preferred Name)

---

**ACTIVITIES & ACCOMPLISHMENTS**

---

**Community & Volunteer Activities** List your most important community and volunteer activities in their order of importance to you. It is helpful to know your level of involvement, so please fill in all blanks.

1. Name of activity: \_\_\_\_\_  
What did you do? \_\_\_\_\_  
How often? (hrs/week, weeks/yr, etc.) \_\_\_\_\_  
When (date range): \_\_\_\_\_  
List any special recognitions: \_\_\_\_\_

2. Name of activity: \_\_\_\_\_  
What did you do? \_\_\_\_\_  
How often? (hrs/week, weeks/yr, etc.) \_\_\_\_\_  
When (date range): \_\_\_\_\_  
List any special recognitions: \_\_\_\_\_

3. Name of activity: \_\_\_\_\_  
What did you do? \_\_\_\_\_  
How often? (hrs/week, weeks/yr, etc.) \_\_\_\_\_  
When (date range): \_\_\_\_\_  
List any special recognitions: \_\_\_\_\_

**Is there anything else you'd like us to know about your jobs, activities, and accomplishments?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What will you be doing and where will you be living in five years?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

**REQUIRED ESSAY**

---

**REQUIRED FORMAT:** You must state your name and the essay topic on top of the first page of your essay so that the reader knows which question you are answering. See example at the bottom of this page.\*

We prefer that the essay is typed and double spaced on 8 ½” x 11” paper and is no more than two to three pages long.

**Required essay topic:**

1. *Explain why you are interested in returning to school now. If you have received a Polk County Community Foundation scholarship in the past, please include in your essay how the award helped you.*

**Optional:**

*You may also provide an extra personal statement on a separate page if there is anything else you'd like to share about yourself.*

---

***\*Example of required format with the name and essay topic at the top of the first page of your essay:***

---

<p style="text-align: center;">Anne X. Hample</p> <p style="text-align: center;"><i>Explain why you are interested in returning to school now. If you have received a Polk County Community Foundation scholarship in the past, please include in your essay how the award helped you.</i></p> <hr/> <p>Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aliquam bibendum vulputate ornare. Quisque sed urna nulla, id lobortis diam. Aliquam placerat dolor vel ipsum molestie ac dignissim dolor luctus. Integer sollicitudin, ipsum sit amet laoreet imperdiet.</p>
--

*Name*  
(must include)

*Essay Topic*  
(must include)

---

## LETTER OF RECOMMENDATION

---

**Please ask your evaluator (not a relative) to complete this form and include it with his or her letter of recommendation in a sealed envelope with his or her signature across the seal.**

Name of Student: \_\_\_\_\_

Name of Evaluator: \_\_\_\_\_

Student's Relationship to Evaluator (Employer, Teacher, Neighbor, etc.): \_\_\_\_\_

Number of Years Acquainted with Student: \_\_\_\_\_

Evaluator's Address: \_\_\_\_\_

Evaluator's Telephone Number: \_\_\_\_\_

Date Written: \_\_\_\_\_

### To the Evaluator:

This student is applying for a scholarship from the Polk County Community Foundation. Your letter is an important part of the application. The student has selected you to give the committee some insight into what makes this student a good candidate for continuing his or her education. It is inappropriate to complete this if you are related to the student by blood or marriage. **To ensure confidentiality, please return this form and your letter of recommendation on one side of 8 ½" x 11" paper to the student in a sealed envelope with your signature across the seal.**

***Please describe as concisely as possible the reasons you believe this candidate will benefit from additional education.***

#### **Some areas you may want to consider are:**

- Based on past performance, do you think this student will take advantage of future educational opportunities if funded by a scholarship?
- Kind of student – enthusiastic, always prepared, dedicated, class participation, strives for success?
- Does this student stand out in areas of academic and personal achievements?
- Is this student a leader or role model to others? If so, please provide examples.
- Is this student involved in community organizations, publications, etc.? How involved is s/he?
- Any other information you believe would assist the Polk County Community Foundation in this decision.

#### **Do not include any financial need information**

- Any information you provide regarding the student's or the family's financial circumstances will be blacked out, so please do not include it. All students are encouraged to apply for merit and need scholarships.

### To the Student:

An evaluation received with a broken seal or without a signature will be rejected and your application will be incomplete. Please be sure that your evaluator has sealed and signed the envelope before it is returned to you. Do NOT send your letter of recommendation separately UNLESS you have received prior approval from the Polk County Community Foundation's Director of Grants.